

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health BUREAU OF VITAL STATISTICS		273	
1. PLACE OF DEATH		County <u>Maricopa</u> State <u>ARIZONA</u>		State File No. _____ Registered No. <u>138</u>	
Township _____ City <u>Phoenix</u>		or Village _____		No. <u>St. Joseph's Hospital</u> St. _____ Ward _____	
(If death occurred in a hospital or institution, give its NAME instead of street and number)		Length of residence in city or town where death occurred <u>12</u> yrs. _____ mos. _____ ds.		How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.	
2. FULL NAME <u>Henry Albert Raney</u>		How long in State where death occurred? <u>44</u> yrs. _____ mos. _____ ds.		(If non-resident give city or town and state)	
(a) Residence: No. <u>746</u> East Coronado Rd. (Usual place of abode)		St. _____ Wa. _____			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WID. OWED, or DIVORCED, (Write the word) <u>married</u>			
5a If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Belva</u>					
6. DATE OF BIRTH (month, day, and year) <u>Nov. 20, 1883</u>					
7. AGE	Years <u>55</u>	Months <u>2</u>	Days <u>10</u>	If LESS than 1 day, _____ hrs. or _____ min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Warrensburg</u> (State or Country) <u>Missouri</u>					
13. NAME <u>Latham Raney</u>					
14. BIRTHPLACE (city or town) <u>Columbus</u> (State or Country) <u>Ohio</u>					
15. MAIDEN NAME <u>Ella Hawkins</u>					
16. BIRTHPLACE (city or town) <u>Springfield</u> (State or Country) <u>Illinois</u>					
17. INFORMANT (Address) <u>Mrs. H. A. Raney</u> <u>746 E. Coronado Rd., Ph.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Burial</u> <u>Greenwood Cem.</u> Date <u>2-2</u> 19 <u>39</u>					
19. EMBALMER License No. _____ Signature <u>Fred E. Warren</u>					
FUNERAL DIRECTOR <u>Grimshaw Mortuary</u> Address <u>334 W. Monroe St.</u>					
20. Date of death <u>January 1, 1939</u> Registrar <u>James H. Johnson</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Jan. 30, 1939</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>1-20</u> 19 <u>39</u> to <u>1-30</u> 19 <u>39</u>					
I last saw him alive on <u>1-30</u> 19 <u>39</u> ; death is said to have occurred on the date stated above, at <u>4:45</u> P.M.					
The principal cause of death and related causes of importance were as follows: <u>Mesenteric Thrombosis</u>					
Other contributory causes of importance: <u>Adenocarcinoma of pylorus</u>					
Name of operation <u>Wedge resection</u> Date of <u>1-23-39</u>					
What test confirmed diagnosis? <u>X-ray</u> Was there an autopsy? <u>Yes</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____					
Where did injury occur? _____ (Specify city or town, county and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify _____ (Signed) <u>Louis P. Pugh</u> M. D.					
(Address) <u>711 Grand Ave.</u>					